evision: HCFA-PM-86-20

EPTEMBER 1986

Supersedes
TN No. 544

(BERC)



ATTACHMENT 3.1-B

Page 3a

OMB No. 0938-0193

		State/Territory: NEW JERSEY									
		AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Pregnant Women									
6.		Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.									
	a.	Podiatrists' Services									
		$/\sqrt{2}$ Provided: $/\sqrt{2}$ No limitations $/\sqrt{2}$ With limitations*									
	ъ.	Optometrists' Services									
		$\frac{\sqrt{\chi}}{\chi}$ Provided: $\frac{\chi}{\chi}$ No limitations $\frac{\chi}{\chi}$ With limitations*									
	c.	Chiropractors' Services									
		$\frac{1}{2}$ Provided: $\frac{1}{2}$ No limitations $\frac{1}{2}$ With limitations*									
	d.	Other Practitioners' Services									
		$\frac{\sqrt{\chi}}{}$ Provided: $\frac{\chi}{}$ No limitations $\frac{\chi}{}$ With limitations*									
7.		Home Health Services									
	a.	Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.									
		$/\sqrt{\chi}$ Provided: $/\sqrt{\chi}$ No limitations $/\sqrt{\chi}$ With limitations*									
	ъ.	Home health aide services provided by a home health agency.									
		$/\sqrt{N}$ Provided: $/\sqrt{N}$ No limitations $/\sqrt{N}$ With limitations*									
	c.	Medical supplies, equipment, and appliances suitable for use in the home.									
		$/\overline{X}$ Provided: $/\overline{X}$ No limitations $/\overline{X}$ With limitations*									
	đ.	Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.									
		/ Provided: // No limitations /X/ With limitations*									
*D	escr	iption provided on attachment.									
		edes Approval Date MAY 29 1987 Effective Date OCT. 1 1886									

(BERC) Revision: HCFA-PM-86-20

SEPTEMBER 1986



ATTACHMENT 3.1-B Page 3b OMB No. 0938-0193

State/Territory: \_\_

NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

	MEDICALLY NEEDY GROUP(S): Dependen									
6.	Medical care and any other type of remedial care recognized under Stalaw, furnished by licensed practitioners within the scope of their practice as defined by State law.									
a.	Podiatrists' Services									
	// Provided: // No limitations //	With limitations*								
b.	o. Optometrists' Services									
	$\frac{\sqrt{\chi}}{I}$ Provided: $\frac{1}{\chi}$ No limitations $\frac{\chi}{\chi}$	With limitations*								
c.	Chiropractors' Services									
	// Provided: // No limitations //	With limitations*								
đ.	Other Practitioners' Services									
	$ \sqrt{X} $ Provided: $ \sqrt{X} $ No limitations $ \sqrt{X} $	With limitations*								
7.	Home Health Services									
a.	a. Intermittent or part-time nursing service provided by a home heal agency or by a registered nurse when no home health agency exists the area.									
	$\sqrt{X}$ Provided: $\sqrt{X}$ No limitations $\sqrt{X}$	With limitations*								
ъ.	Home health aide services provided by a home	e health agency.								
	$\frac{1}{\cancel{X}}$ Provided: $\frac{1}{\cancel{X}}$ No limitations $\frac{1}{\cancel{X}}$	With limitations*								
с.	Medical supplies, equipment, and appliances home.	suitable for use in the								
	$\sqrt{X}$ Provided: $\sqrt{X}$ No limitations $\sqrt{X}$	With limitations*								
đ.	d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.									
	$ \underline{\chi} $ Provided: $ \underline{\chi} $ No limitations $ \underline{\chi} $	With limitations*								
*Deso∉	provided on attachment.									
TN No.	86-17 edes Approval Date MAY 29 1987	Effective Date OCT. 1 1986								

TI Su TN No. 86-6



SEPTEMBER 1986

Supersedes
TN No. 56-6

OFFICIAL

ATTACHMENT 3.1-B Page 3C OMB No. 0938-0193

		State/Territory:			NEW JERSEY							
			AMOUNT MEDICALI	, DURA	TION OY GI	AND SCO	PE OF Aged	<b>SERVI</b> , Blin	<b>ces pr</b> id or	<b>ovided</b> Disable	d	
6.	1	Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.										
a	. F	ođi	atrists' Se	rvices								
	4	<u> </u>	Provided:	<u></u>	No	limitati	ions	<u>/X/</u>	With	limitat	ions*	
ъ	. (	pto	metrists' S	ervices	5							
	4	<u>~</u>	Provided:	<u></u>	No	limitat	ions	<u>/x/</u>	With	limitat	ions*	
c	. (	Chir	opractors'	Service	es							
	4		Provided:		No	limitat	ions	<u></u>	With	limitat	ions*	
đ	. (	the	r Practition	ners'	Serv	ices						
	1	<u>~</u>	Provided:		No	limitati	ions	<u>/X/</u>	With	limitat	ions*	
7.	ł	iome	Health Serv	vices								
a	ε	Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.										
	4	<u> </u>	Provided:	<u></u>	No	limitati	ions	<u>/X/</u>	With	limitat	ions*	
b	. I	lome	health aid	e serv	ices	provided	i by a	home	healti	n agency	•	
	4	<u>~~</u>	Provided:	<u></u>	No	limitati	ions	<u>/x/</u>	With	limitat	ions*	
c	_	fedi nome	cal supplie:	s, equ	ipme	nt, and a	applia	inces s	suitab	le for u	se in th	e
	4	<u> </u>	Provided:	<u></u>	No	limitati	ions	<u>/X/</u>	With	limitat	ions*	
đ	8	Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.										
	4	<u> </u>	Provided:		No	limitati	ions	<u>/X/</u>	With	limitat	ions*	
			n provided o	on atta	schme	ent.				- 15, <u>- 15, -</u>		
TN N	o. 🛓	1. 36	· <u>/</u>			****	001	0.87				4 404

Approval Date MAY 29 1987

Effective Date OCT. 1 1986

## ranger Propries and

SEPTEMBER 1986

OFFICIAL

ATTACHMENT 3.1-B Page 4 b OMB No. 0938-0193

	OMB No. 0938-0193
	State/Territory: NEW JERSEY
	AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Dependent Children
8.	Private duty nursing services.
	// Provided: // No limitations // With limitations*
9.	Clinic services.
	$\sqrt{\chi}$ Provided: $\sqrt{\chi}$ No limitations $\sqrt{\chi}$ With limitations*
10.	Dental services.
	/ Provided: // No limitations /X/ With limitations*
11.	Physical therapy and related services.
8.	Physical therapy.
	$ \sqrt{X} $ Provided: $ \sqrt{1} $ No limitations $ \sqrt{X} $ With limitations*
b.	Occupational therapy.
	/// Provided: $//$ No limitations $///$ With limitations*
c.	Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist
	$\sqrt{X}$ Provided: $\sqrt{I}$ Wo limitations $\sqrt{X}$ With limitations*
12.	Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
a.	Prescribed drugs.
	$\sqrt{X}$ Provided: $\sqrt{I}$ No limitations $\sqrt{X}$ With limitations*
b.	Dentures.
	Provided: // No limitations /X/ With limitations*
*Descr	ription provided on attachment.

TN No. 86-17
Supersedes
Approval Date MAY 29 1987
TN No. 86-6

Effective Date OCT. 1 1986

SEPTEMBER 1986

TN No. 86-6



ATTACHMENT 3.1-B Page 4 C OMB No. 0938-0193

	State/Territo	ory:	NEW JERSEY				
	AMOUNT, MEDICALLY	DURATIO NEEDY (	N AND SCOPE O	F SERVI d, Blir	ces provi	abled	
8.	Private duty nurs	ing serv	vices.				
	// Provided:		limitations		With li	mitations*	
9.	Clinic services.						
	/x/ Provided:	<u>/</u> / No	limitations	<u>/x/</u>	With lis	mitations*	
10.	Dental services.						
	/X/ Provided:		limitations	<u>/x/</u>	With li	mitations*	
11.	Physical therapy	and rela	ited services.				
a.	Physical therapy.						
	/W Provided:	<u></u>	limitations	<u>/X/</u>	With lin	mitations*	
ъ.	Occupational ther	apy.					
	/ Provided:		limitations	<u>/x/</u>	With lin	mitations*	
c.	Services for indi provided by or un						
	$\sqrt{X}$ Provided:	<u></u>	limitations	<u>/X/</u>	With lin	mitations*	
12.	Prescribed drugs, prescribed by a poptometrist.						В
a.	Prescribed drugs.						
	// Provided:	<u>/</u> / No	limitations		With lin	nitations*	
ъ.	Dentures.	-					
	/ Provided:		limitations	<u>/X/</u>	With lin	nitations*	
*Descr	iption provided on	attachm	ent.				
	86-17		Data MAY 29	1987			4 4000
Sunare	A 9454		Data MAI 20		PEFAALI.	note OCT	1 1886

SEPTEMBER 1986

ATTACHMENT 3.1-B Page 5a --

OMB No. 0938-019:

HCPA ID: 0140P70102J

	State/Territory:			NEW JEKZET					
		AMOUN	I, DUR Ly nee	ATION DY GRO	AND SCOPE COUP(S): Pr	of SERVI egnant	CES PR Women	OVIDED	
c.	Pros	thetic devi	ces.						
	<u>/¥</u> /	Provided:		No 1	limitations	<u>/ x / </u>	With	limitation	ns*
đ.	Eyes	glasses.							
	<u>/¥</u> /	Provided:	<u>/_/</u>	No 1	limitations	<u>/x/</u>	With	limitation	1 <b>8</b> *
13.	Othe	er diagnosti	c, scr n thos	eening e prov	g, preventiv vided elsewh	ve, and here in	rehabi this p	litative :	services.
8.	Diag	nostic <b>serv</b>	ic <b>es</b> .				•		
	<u>/ ¥/</u>	Provid <b>ed:</b>	<u>/_/</u>	No 1	limitations	<u>x</u> /	With	limitation	1 <b>5</b> * - *
ъ.	Scre	ening servi	ces.						
	<u>/ 🏹</u>	Provided:	<u>/X</u> /	No 1	imitations	<u>/_</u> /	With	limitation	13*
с.	Prev	entive serv	ices.						
, ,	<u>/</u> ¥/	Provided:	<u>/_'</u>	No 1	imitations.	1×1	With	limitation	15*
đ.	Rehabilitative services.								
	13	Provided:		No 1	imitations	<u>/ \                                   </u>	With	limitation	
14.	Serv dise	ices for incases.	dividu	als ag	e 65 or old	ler in i	nstitu	tions for	mental
<b>a</b> .	Inpa	Inpatient hospital services.							
	<u>/_/</u>	Provided:	<u>/_</u> /	No 1	imitations	<u></u>	With	limitation	9*
ъ.	Skil	led nursing	facil	ity se	rvices.				
*Descr	// iptio	Provided: n provided o	// on atta	No 1 schmen	imitations t.	<u>/_</u> /	With	limitation	188
TN No. Superso	edes	<b>-</b>	Approv	al Da	te JUN 29	1992	Effec	tive Date	NOV 2 9 1991
114.		-							

SEPTEMBER 1986

ATTACHMENT 3.1-B Page 5b OMB No. 0938-0193

	State/Territory: N	IEW JERSEY	
-	AMOUNT, DURATION AND MEDICALLY NEEDY GROUP(	SCOPE OF SERV S): Dependent	Children
c.	Prosthetic devices.		
	/ Provided: // No limi	tations $\sqrt{X}$	With limitations*
₫.	Eyeglasses.		
	/ Provided: // No limit	tations $\sqrt{X}$	With limitations*
13.	Other diagnostic, screening, price, other than those provided	reventive, and i elsewhere in	rehabilitative services, this plan.
8.	Diagnostic services.		
	/ Provided: // No limit	ations /X/	With limitations*
ъ.	Screening services.		
	$\frac{\sqrt{X}}{2}$ Provided: $\frac{\sqrt{X}}{2}$ No limit	ations //	With limitations*
c .	Preventive services.		
	Provided: 1 No limit	ations //	With limitations*
d.	Rehabilitative services.		
	/ Provided: // No limit	ations $\sqrt{X}$	With limitations*
14.	Services for individuals age 65 diseases.	or older in :	institutions for mental
<b>a</b> .	Inpatient hospital services.		
	// Provided: // No limits	stions //	With limitations*
ъ.	Skilled nursing facility service	es.	
*Descr	// Provided: // No limits ption provided on attachment.	itions //	With limitations*
TN No. Superse TN No.		JN 2 9 1992	Effective Date NOV 2 9 1997
			HCFA ID: 0140P/0102A

SEPTEMBER 1986

ATTACHMENT 3.1-B

Page 5 c OMB No. 0938-0191

	State/Territory:	NEW JERSEY	-r					
•		N AND SCOPE OF SERVI						
с.	Prosthetic devices.							
	X/ Provided: // No	limitations /y	With limitations*					
۵.	Eyeglasses.							
	<u>π</u> / Provided: <u>/</u> / No	limitations /y	With limitations*					
13.	Other diagnostic, screenii.e., other than those pr	ng, preventive, and ovided elsewhere in	rehabilitative services, this plan.					
٩.	Diagnostic services.							
	/X/ Provided: / No	limitations /X/	With limitations*					
ъ.	Screening services.		.*					
	$\frac{\sqrt{X}}{I}$ Provided: $\frac{\sqrt{X}}{I}$ No	limitations //	With limitations*					
с.	Preventive services.							
	/X/ Provided: // No	limitations /y/	With limitations*					
, d.	1. Rehabilitative services.							
	/X/ Provided: // No	limitations /V	With limitations*					
14.	Services for individuals diseases.	age 65 or older in i	nstitutions for mental					
<b>a</b> .	Inpatient hospital service	• • • •						
	// Provided: // No	limitations //	With limitations*					
ъ.	Skilled nursing facility	services.						
.*Descr	// Provided: // No iption provided on attachm	limitations ///	With limitations*					
Supers	92-19A edes Approval 89-12	Data JUN 2 9 1992	Effective Date NOV 2 9 199					

CFA-PM-86-20 (BERC) 986

## OFFICIAL

ATTACHMENT 3.1-B Page 6 à OMB No. 0938-0193

	State/Territory:	NEW JERSEY	<del></del>			
	AMOUNT, DURA MEDICALLY NEED	TION AND SCOPE OF SERV OY GROUP(S): Pregnant V	ICES PROVIDED Nomen			
с.	Intermediate care fac	lity services.				
	/_/ Provided: /_/	No limitations /_/	With limitations*			
15. a.	institution for mental	diseases) for persons	han such services in an determined in accordance e in need of such care.			
	<u>/_</u> / Provided: <u>/_</u> /	No limitations ///	With limitations*			
b.	b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions					
	/_/ Provided: /_/	No limitations ///	With limitations*			
16.	Inpatient psychiatric of age.	facility services for	individuals under 22 years			
		No limitations ///	With limitations*			
17.	Nurse-midwife services					
	$\overline{X}$ Provided: $\overline{X}$	No limitations $\sqrt{\chi}$	With limitations*			
18.	Hospice care (in accor	dance with section 190	5(o) of the Act).			
	/_/ Provided: /_/	No limitations //	With limitations*			

\*Description provided on attachment.

TN No.  $\frac{32 \cdot 177}{50}$ Supersedes TN No.  $\frac{32 \cdot 127}{50}$ 

Approval Date MAY 29 1987

Effective Date OCT. 1 1026

